



STATE OF MICHIGAN

DEPARTMENT OF NATURAL RESOURCES
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

K. L. COOL
DIRECTOR

To: Crossbow Applicant

From: DNR-License Control, Customer Systems

Subject: Application/Permit to Take Game With a Crossbow

Enclosed please find your "Application/Permit to Take Game with A Crossbow."

In order to facilitate processing your application, please make sure all applicable sections are completely filled out. Complete Section I with Applicant and Physician's information, and either Section II or Section III, whichever applies to your situation.

In Section III please be sure the following information is completed.

- Physical therapist's name and number
- Applicable boxes are checked (tests performed)
- The yes or no boxes on two questions
- The Physician's signature and date

The application will be returned to you if there is any missing information.

Please retain a copy of the completed application for your files. Please **do not copy or fax your application back**, we must have the original signed document and will not approve faxes or copies.

If you have any questions, regarding your application, please contact Cecilia Gilson, DNR Customer Systems, at 517-335-3274.

We look forward to receiving your application.

Enclosure

Filename: Application Cover.doc
Directory: C:\Documents and Settings\stojakot\Local Settings\Temp
Template: C:\TEMP\dnrlthd.dot
Title: DNR Letterhead
Subject: DNR Letterhead
Author: Cecilia M. Gilson
Keywords:
Comments:
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